

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

Levan Thomas, Warden  
Staton Correctional Facility  
P. O. Box 56  
Elmore, AL 36025

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Angela Thorne*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Angela Thorne*

C. Date of Delivery

*7/27/06*address different from item 1? ☐ Yes  
or delivery address below: ☐ No

3. Service Type

☐ Certified Mail☒ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 0171

Domestic Return Receipt

102595-02-M-1540